

Miss Lena Aramy  
Town \_\_\_\_\_ County \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIEND

Town Bay View

Town

County

Date \_\_\_\_\_

of death 190

3 Wed

Month

Day

Age

Years

21

Months

Days

Sex

1/ Encap

Color or Race

Occupation

Birth-  
place

Craig G.

Married, Single  
or Widowed

Ling

Name of Wife or  
Husband

Father's  
Name

Com. Abrams

Father's  
Birthplace

Същ

Mother's  
Maiden Name

Pelitha Janney

Mother's Birthplace

Степ

Name of person giving  
In formation

How related  
to deceased

### CAUSES OF DEATH

Primary

Consumption

How long

Immediate

How long

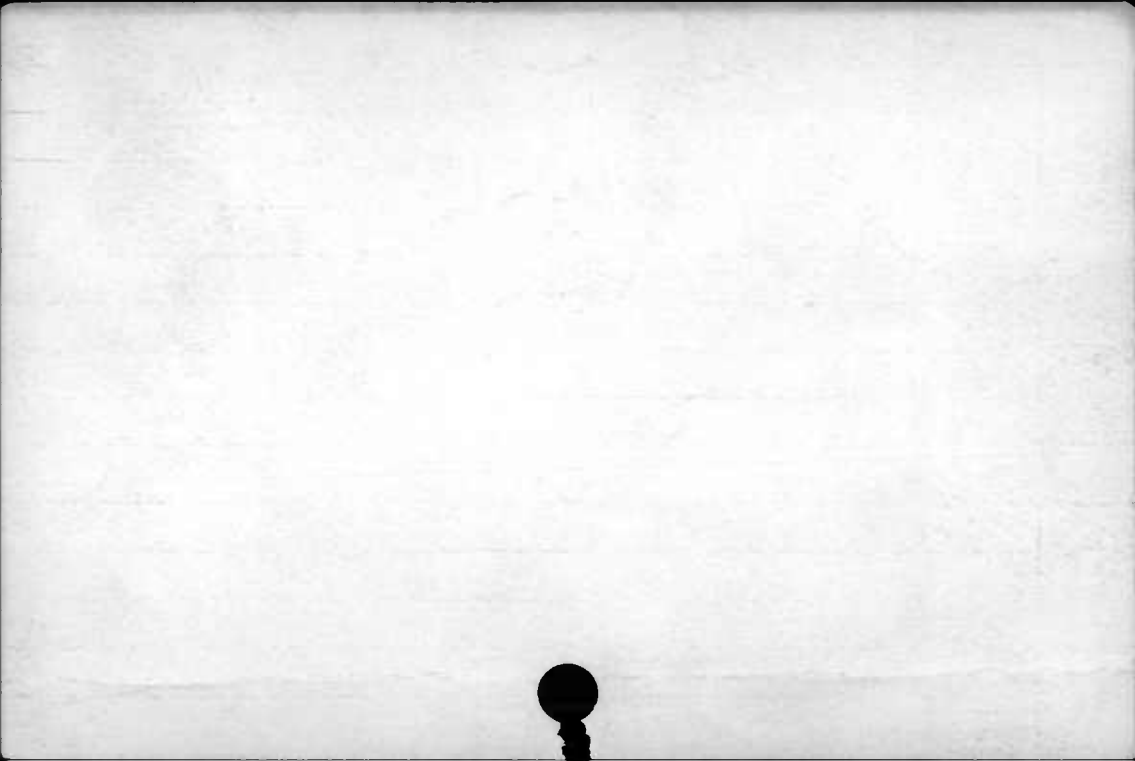
Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address \_\_\_\_\_

How long	
Permanence	
North	

~~Accident or Suicide?~~



Name  
in  
Full

Hannah R Badders

## CERTIFICATE OF DEATH

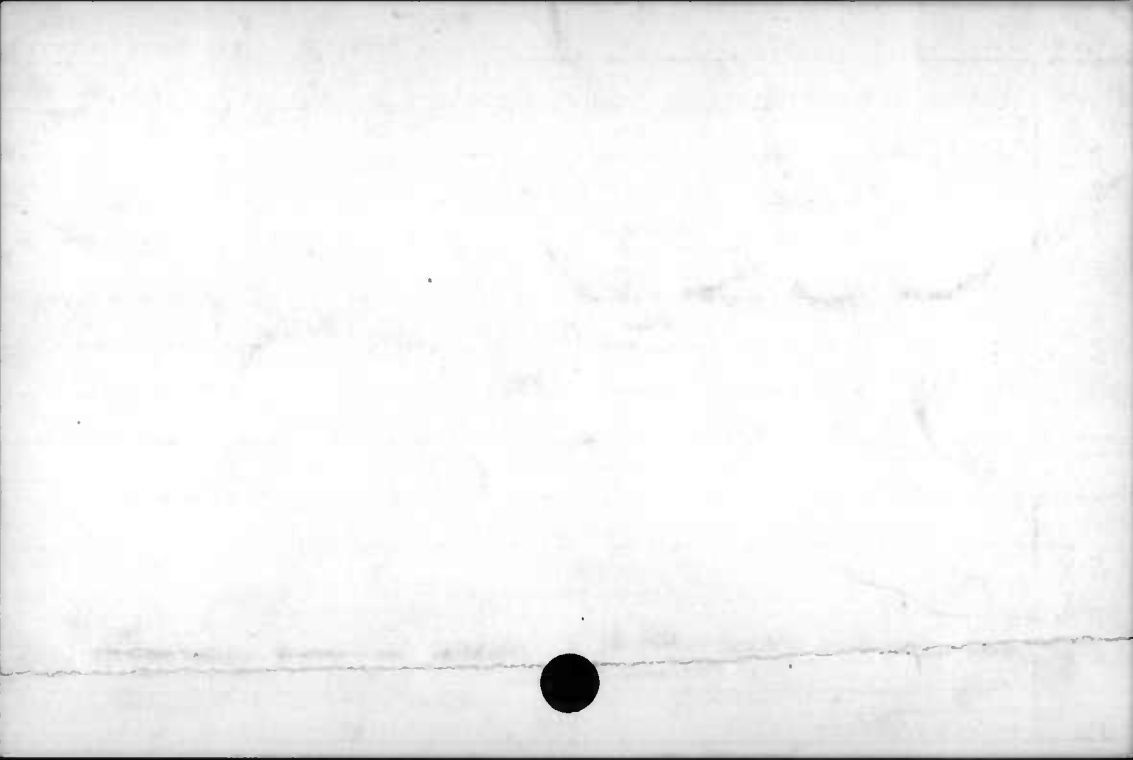
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Knowlton</i>		County <i>Beaufort</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>31</i>	Age <i>54</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>house wife</i>				
Name of Wife or Husband <i>James Badders</i>					
Father's Name <i>Andrew Boyd</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mary Ann Hooton</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Almy &amp; Strickland</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Six months</i>
Immediate <i>Bright's Disease</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David Mackey</i>
	Address <i>Levinville Pa.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Susan Barber

3502-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Elkton		County Cecil		MARYLAND	
Date of death 190	3	Month Dec	Day 29	Age Years	74	Months	Days
Sex	Female		Color or Race	white		Birth- place	md
Married, Single or Widowed	Widowed			Occupation			
Name of <del>Wife</del> Husband	Samuel Barber						
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving In formation	Mrs Mary E Wilson				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long		
Immediate	Erysipelas of head		How long	1 wk	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H. Arthur Hitchcock	
		Address		Elkton Md.	
Accident or Suicide?		No			

3 Janes

17-5-

30

115-

96

Name  
in  
Full

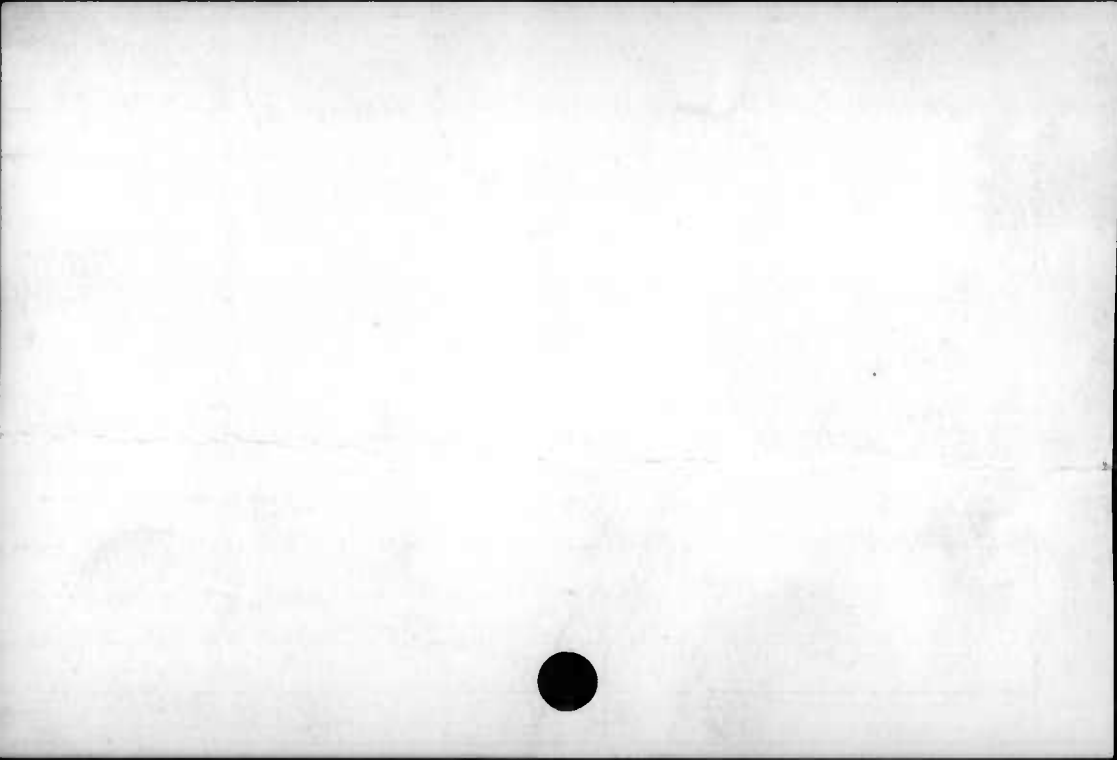
Annie E. Barrow

## CERTIFICATE OF DEATH

Died at <i>Oakwood</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>2</i>	Age Years <i>65</i>	Months <i>9</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Lau. Co., Pa</i>		
<del>Married, Single</del> or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>John Barrow</i>					
Father's Name <i>Joseph Hornum</i>			Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>Hannah Corn</i>			Mother's Birthplace <i>Lau Co Pa</i>		
Name of person giving In formation <i>Ransom Barrow</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>Six days</i>
	Immediate <i>"</i>	How long <i>"</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Gillespie MD</i>
		Address <i>Pleasant Grove Pa</i>
Accident or Suicide?		





Name  
in  
Full

Winfield S Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Eaton		County		Maryland	
Date of death 190	Month	Day	Age	Years	Months	Days	
3	12	26	58				
Sex	Male	Color or Race	White	Birth-place	Eaton		
Married, Single or Widowed	Married		Occupation	Butcher			
Name of Wife or Husband	Martha Bennett						
Father's Name	Isaiah Bennett				Father's Birthplace		
Mother's Maiden Name	Ellen Scott				Mother's Birthplace	✓	
Name of person giving Information	Martha Bennett				How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Atrophic Cirrhosis of Liver		How long	2 yrs
Immediate	Hemorrhage from stomach		How long	1
Are the name, age, sex, color, date and place correctly given above?		—		
Signature of Physician		H. Arthur Mitchell M.D.		
Address		Eaton Md.		
Accident or Suicide?				



Name  
in  
Full

Paul Charles Biddle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Elkton		County Becil		MARYLAND	
Date of death		1903	Month Dec	Day 10	Age Infant	Months —	Days one
Sex male		Color or Race white		Birth-place Elkton			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed S		Name of Wife or Husband —					
Father's Name Charles M Biddle		Father's Birthplace Becil Co					
Mother's Maiden Name Mary L Jewell		Mother's Birthplace Becil Co					
Name of person giving information Mary L. Jewell		How related to deceased mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(Premature ventral septal HB)	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician Wm J Cawley		Address Elkton Md	
Accident or Suicide?		—	



Name  
in  
Full

William Spencer Biles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *North East*County *Cecil*

MARYLAND

Date  
of death 1903

Month

12<sup>th</sup>

Day

10

Years

Age

- - -

Months

- - -

Days

3

Sex

*Male*Color or  
Race*white*Birth-  
place*North East*Married, Single  
or Widowed*single*

Occupation

*None*Name of Wife or  
HusbandFather's  
Name*Samuel Spencer Biles*Father's  
Birthplace*Farmington Md*Mother's  
Maiden Name*Sarah E. Dean*Mother's  
Birthplace*North East Md*Name of person giving  
In formation*Samuel Spencer Biles*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Cerebral Compression*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*B. J. Quisenberry*

Address



Accident or Suicide?

PHYSICIAN  
OR CORONER*over*

Am informed by Dr. W. D. Cawley  
of Eckenred who was called in  
consultation when child was born  
that it was a difficult forceps  
Case - Howard Braxton, H.D. -

Name  
in  
Full

George B. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died <sup>Town</sup> near Pilot<sup>County</sup> CecilDate  
of death 1903Month  
Dec.Day  
15Years  
Age about 66

Months

Days

Sex male

Color or  
Race

Colored

Birth-  
place

8th dist Cecil Co.

Occupation

Laborer

Where Residing if not  
at place of death

Near Pilot Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sophia B. Brown

Father's  
Name

Benjamin Brown

Father's  
Birthplace

Cecil Co. Md

Mother's  
Maiden Name~~Lucia~~ BoddyMother's  
Birthplace

Cecil Co. Md

Name of person giving  
Information

Wm B. Brown

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Chronic Nephritis

How long

Do not know

Immediate

Same

How long

in bed  
4 or 5 weeksAre the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

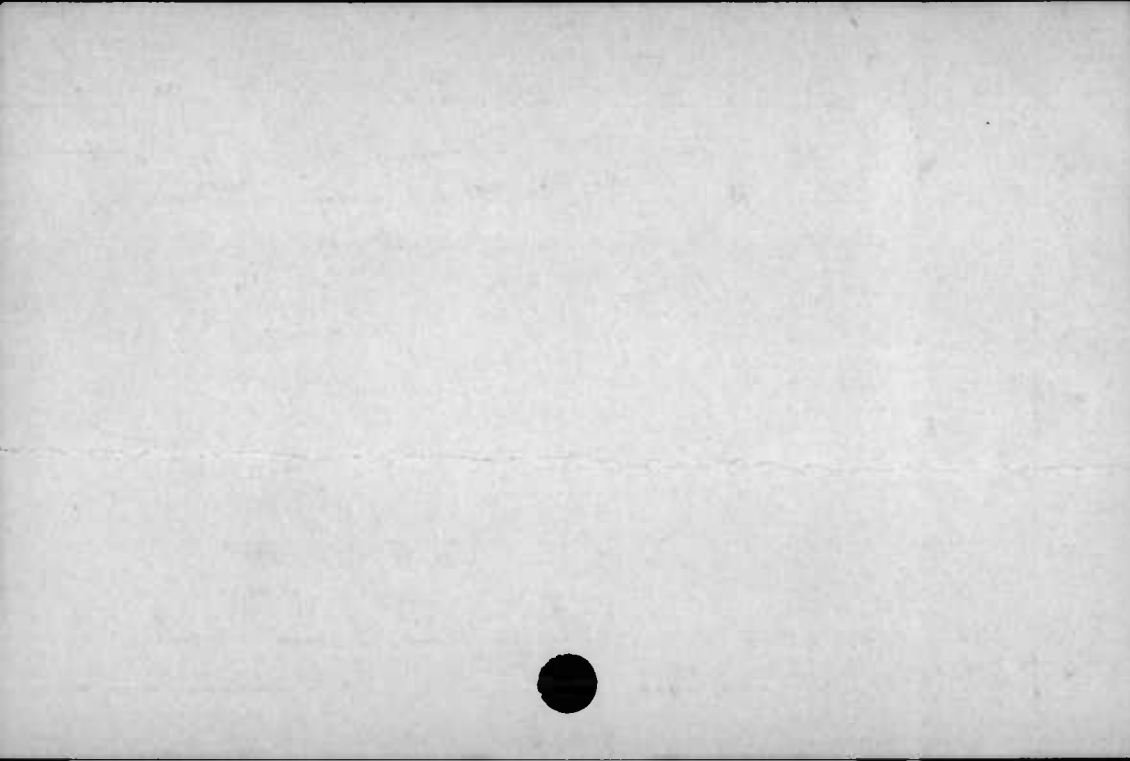
Geo. W. Gillespie

Address

Pleasant Grove Pa

Accident or Suicide?

PHYSICIAN  
OR CORONER





*Lennie Campbell*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wilmington</i>		Town		County		<i>Del</i>		<del>MARYLAND</del>	
Date of death 190		Month <i>12</i>		Day <i>6</i>		Age <i>37</i>		Years	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months		Days	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Wilmington</i>		Name of Wife or Husband <i>L. Campbell</i>		Father's Name		Father's Birthplace <i>Ind</i>	
Married, <i>Yes</i>		Name of Wife or Husband		Mother's Maiden Name		Mother's Birthplace <i>Ind</i>		How related to deceased	
Name of person giving Information <i>L. E. Wise Jr</i>		Signature of Physician		Address <i>Wilmington Del</i>		Accident or Suicide?			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Six Months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. E. Wise Jr</i>	
		Address <i>Wilmington Del</i>	
Accident or Suicide?			



Name  
in  
Full

Charles E. Clark

## CERTIFICATE OF DEATH

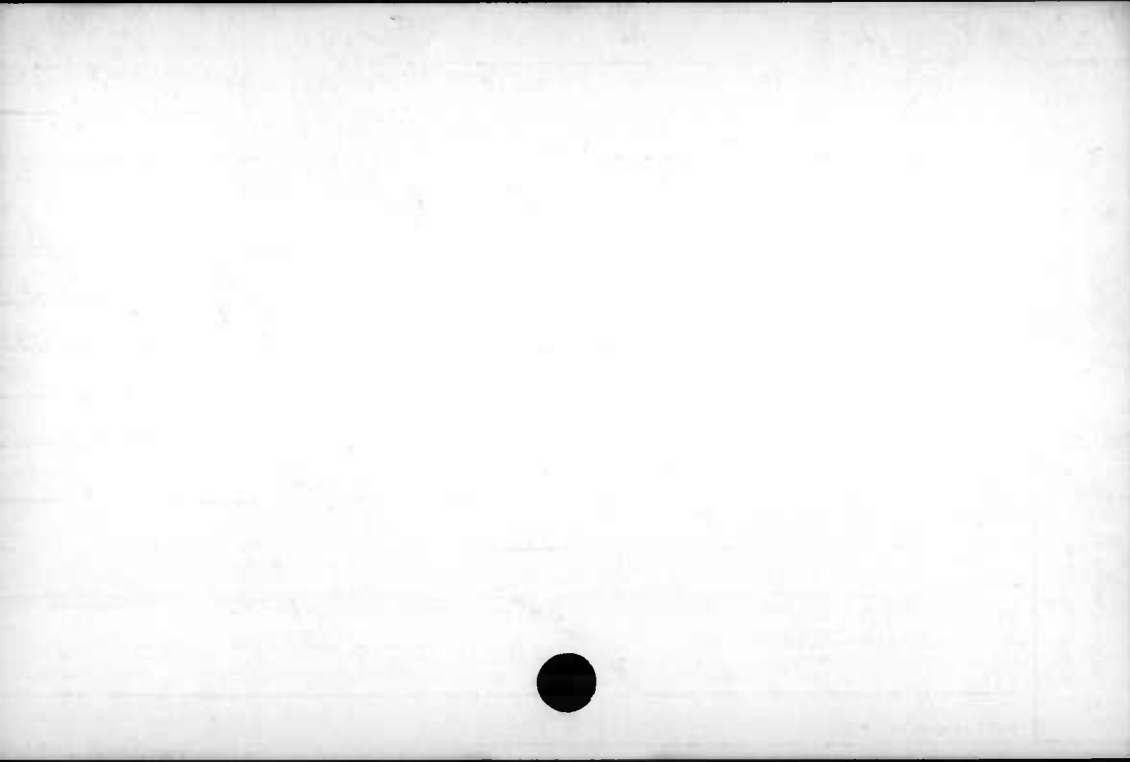
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Seelton</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>29</i>	Age	Years <i>73</i>	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Delaware</i>				
Married, Single or Widowed <i>married</i>			Occupation <i>Retired Steam Boat man</i>				
Name of Wife or Husband <i>Susan S. Clark</i>							
Father's Name <i>Thomas C. Clark</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Ann Rybold</i>				Mother's Birthplace <i>..</i>			
Name of person giving Information <i>wife S. S. Clark</i>				How related to deceased <i>wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>3 years</i>
Immediate <i>Intoxication</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Evon Crawford</i>
	Address <i>Seelton Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

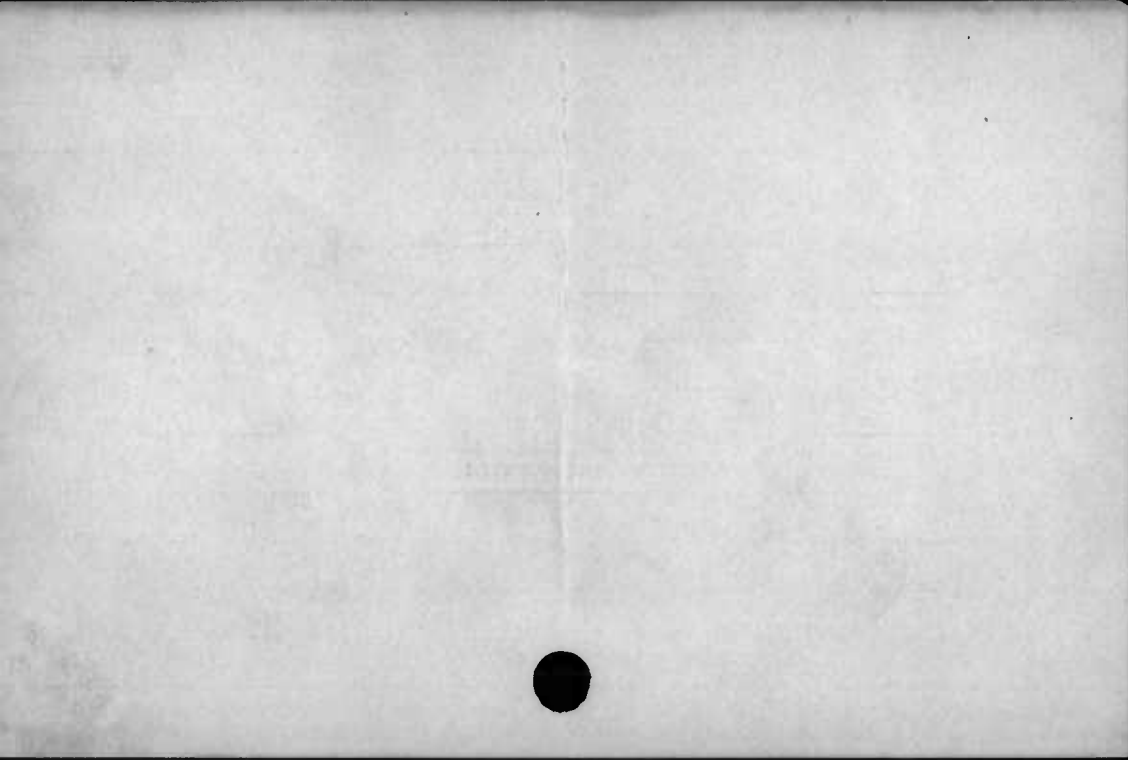
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James Croft</i>		Town <i>Pleasant Hill</i>		County <i>Sevier</i>		MARYLAND	
Died at <i>Pleasant Hill</i>		Month <i>12</i>		Day <i>17</i>		Age <i>76</i>	
Date of death <i>1903</i>		Month <i>12</i>		Day <i>17</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Phila Pa</i>		Months <i>2</i>	
Occupation <i>Blacksmith</i>		Where Residing if not at place of death		Days <i>7</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie M Croft</i>		Father's Birthplace <i>Scotland</i>		Mother's Birthplace <i>Delaware</i>	
Father's Name <i>James Croft</i>		Mother's Maiden Name <i>Mary Ann Rogers</i>		Name of person giving information <i>Annie M. Croft</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Organic Heart disease</i>		How long <i>3 yrs</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. H. H. H.</i>	
<i>Yes</i>		Address <i>Green Hill</i>	
Accident or Suicide?			



Name  
in  
Full

Emma Fowler

## CERTIFICATE OF DEATH

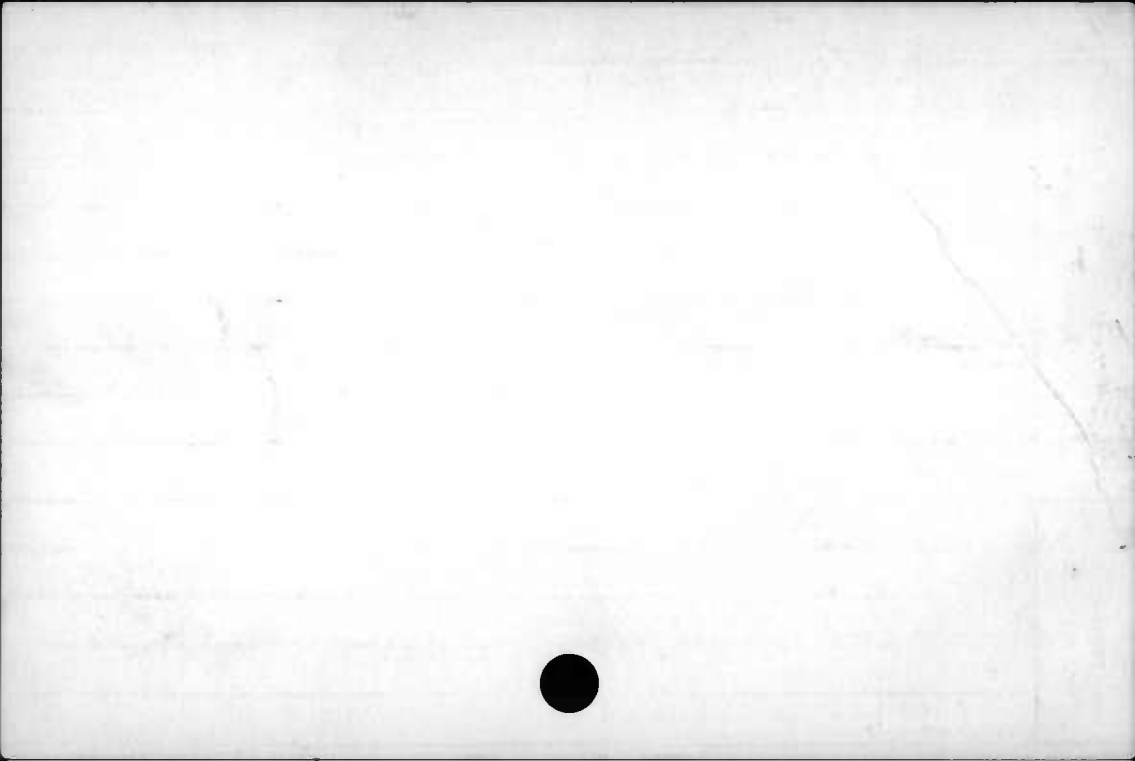
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Deposit</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>1</i>	Age <i>41</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lancaster Co Pa</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>J Le Fowler</i>					
Father's Name <i>Jacob Ohmit</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information		<i>27</i>		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Phthisis</i>	How long	<i>3 wks.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H E Cannon</i>	
		Address <i>Port Deposit Pa</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

Richard Freeman

## CERTIFICATE OF DEATH

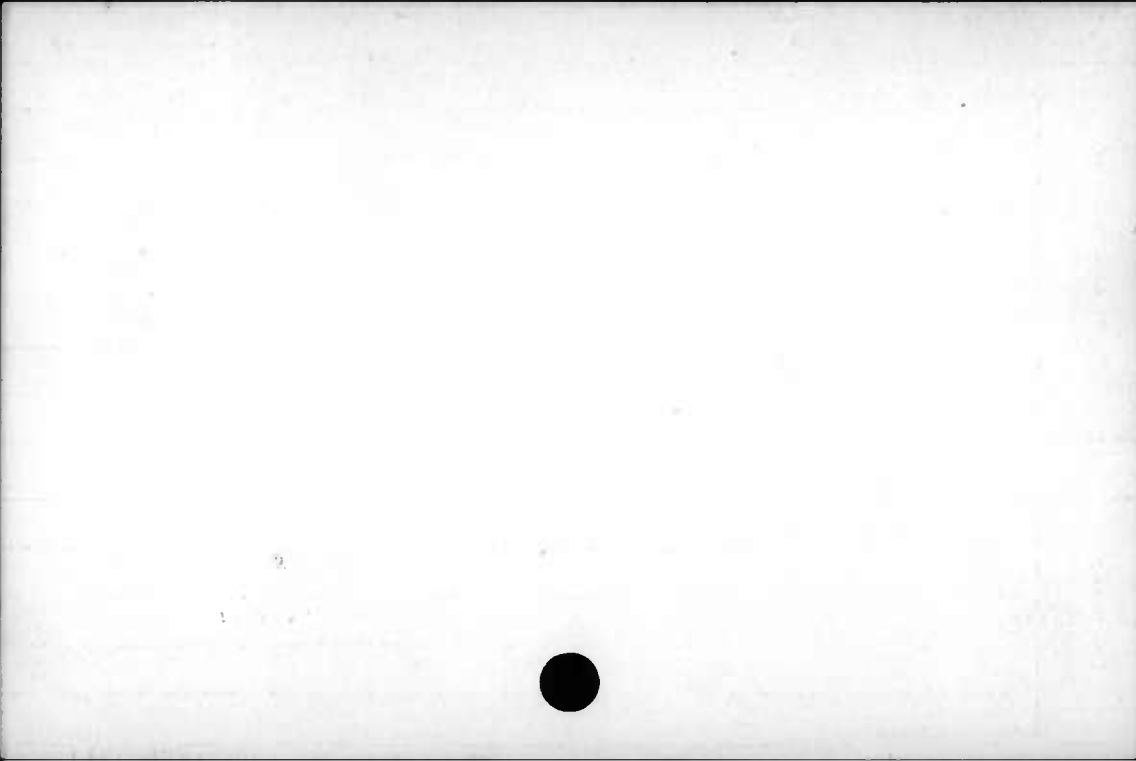
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Neos Earleville</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>13</i>	Age <i>75</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Rittie Freeman</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>James Freeman</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bright</i>	How long
<i>Dropsy</i>	How long <i>1 yea.</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. M. Black</i>
	Address <i>Cecilton Md</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Airy</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>Dec</i> Day	Age	<i>10</i> Years	Months Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Cecil Co.</i>
Married, Single or Widowed	<i>Single</i>	Occupation	<i>none</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>Benjamin Hong</i>			<i>Cecil Co.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Anna Manning</i>			<i>Cecil Wep</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Lepthemia</i>	How long	<i>1 week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. S. S. S. S. S.</i>		
	Address <i>in Cecil</i>		
Accident or Suicide?			



Name  
in  
Full

Edward Harvey Hillyard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Port Deposit

Town

County

Cecil

MARYLAND

Date

of death 1903

Month

12

Day

29

Age

Years

27

Months

1

Days

22

Sex

Male

Color or  
Race

Colored

Birth-  
place

Crisfield Va

Married, Single  
or Widowed

Married

Occupation

Laborer

Name of Wife or  
Husband

Emma E. Hillyard

Father's  
Name

John E. Hillyard

Father's  
Birthplace

Jackson N.C.

Mother's  
Maiden Name

Alice M. Jackson

Mother's  
Birthplace

Crisfield Va

Name of person giving  
Information

Mother

36.

How related  
to deceased

## CAUSES OF DEATH

Primary

Syphilitic meningitis

How long

8 months

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

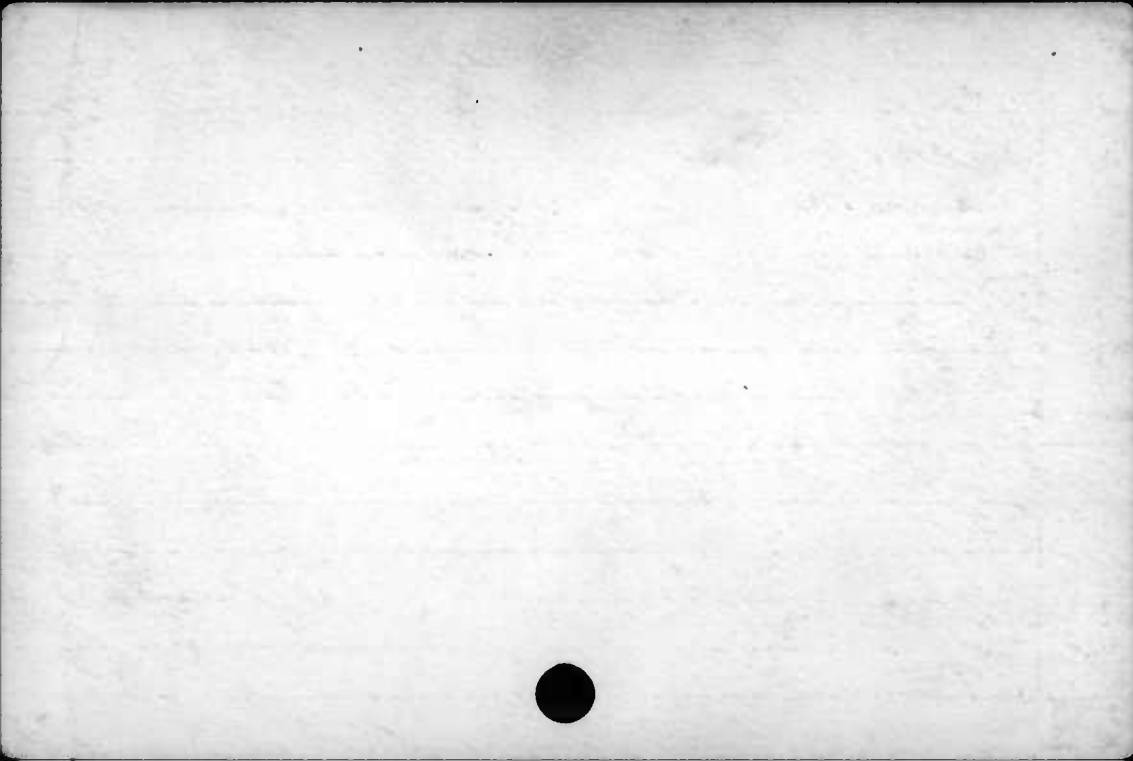
Signature of  
Physician

H. E. Channon

Address

Port Deposit

~~Accident or Suicide~~



Name  
in  
Full

Alice E. Hinson

## CERTIFICATE OF DEATH

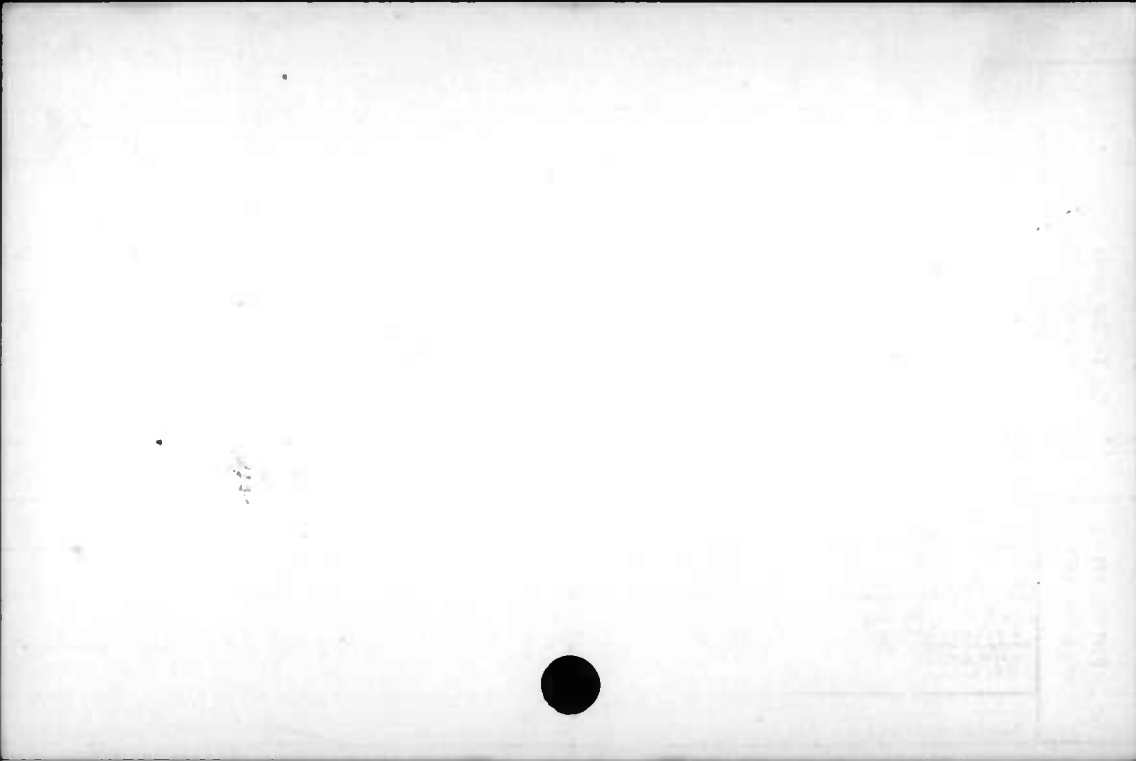
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Elkton</u> <sup>Town</sup>		<u> Cecil </u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>12</u>	Day <u>27</u>	Age <u>2 1/2</u> Years	Months <u>2 1/2</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Elkton</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>Elmer Hinson</u>			Father's Birthplace		
Mother's Maiden Name <u>Maggie Garrett</u>			Mother's Birthplace		
Name of person giving information <u>Elmer Hinson</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

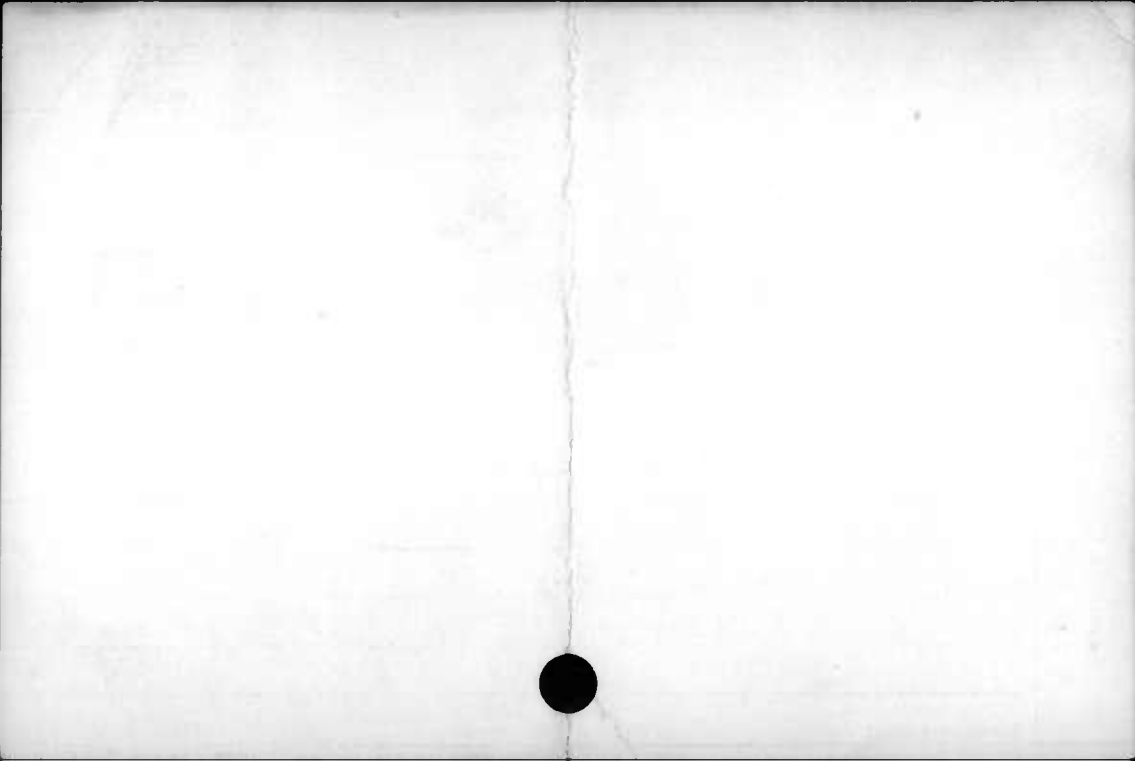
Primary	<u>Cerebro-Spinal Meningitis</u>	How long	<u>2 days</u>
Immediate	<u>Convulsions</u>	How long	<u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Howard Braden</u>	
		Address <u>Elkton Md</u>	
Accident or Suicide?			





Name in Full		Mary J. Huss				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Pilot		County		cecil
	Date of death 1903		Month	Dec	Day	25	Age
			Months	4	Years	33	Days
			Months	4	Years	33	Days
			Months	4	Years	33	Days
			Months	4	Years	33	Days
			Months	4	Years	33	Days
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		Alonzo Huss					
Father's Name		David B. Love				Father's Birthplace	
						cecil Co Md	
Mother's Maiden Name		Ellen Huff				Mother's Birthplace	
						Hartford Co Md	
Name of person giving information		David B. Love				How related to deceased	
						Father	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis
	How long		About 18 mos
	Immediate		Same
	How long		"
	Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		Geo W. Gillespie M.D.	
Address		Pleasant Groove	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

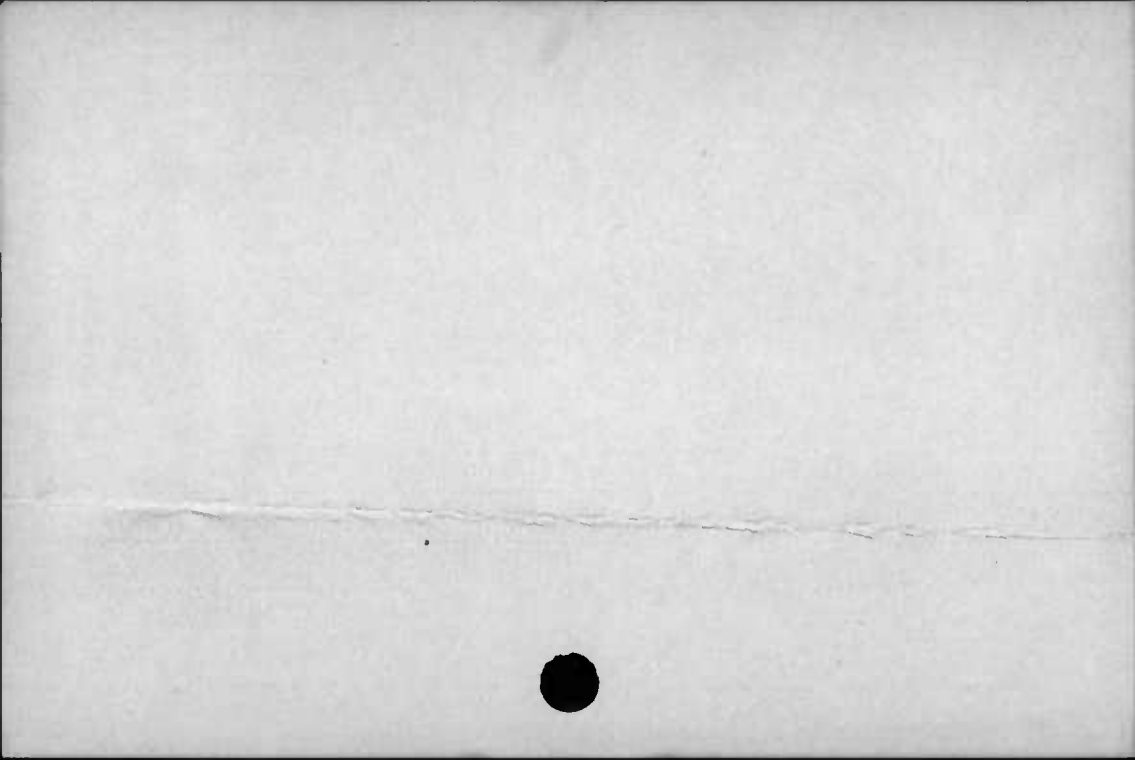
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Colina</i> <sup>Town</sup>		<i>Beel</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>25</i>	Age <i>42</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Clara Jane Kitchen</i>				
Father's Name <i>Thomas Kitchen</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Mary Brown</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Clara Jane Brown</i>	How related to deceased <i>wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Phthisis Pulmonalis</i>	How long <i>9 mo.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove Md.</i>
Accident or Suicide?	



Name  
in  
Full

Murray Knellinger

CERTIFICATE OF DEATH

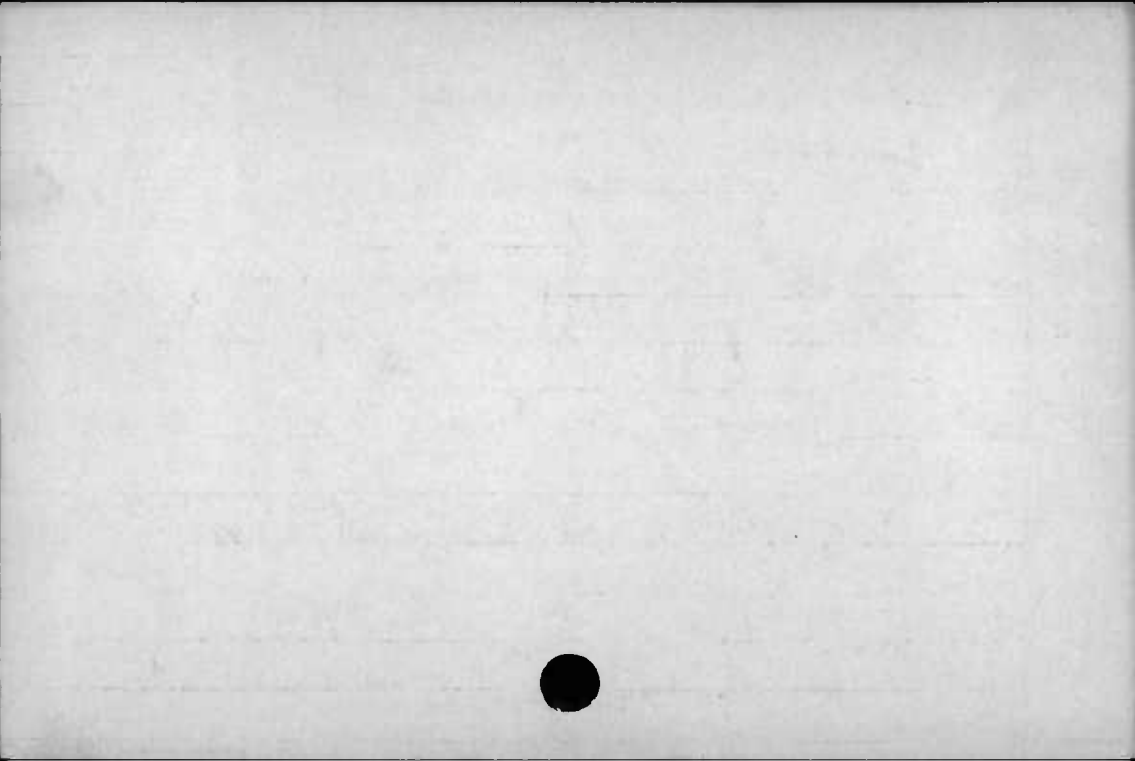
TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>at</sup> <i>Aiken</i> Town		<i>Bevil</i> County		MARYLAND	
Date of death	1903	Month	Dec	Day	9
Age		38		Months	2
Sex		Male		Color or Race	White
Birthplace		Belton		Harford	
Occupation		Freight Conductor		Where Residing if not at place of death	
Married, <del>Single</del> or Widowed		Name or Wife or Husband		Annie C. Knellinger	
Father's Name		George Knellinger		Father's Birthplace	
Mother's Maiden Name		Elizabeth Bush		Mother's Birthplace	
Name of person giving information		Annie C. Knellinger		How related to deceased	
				Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Face of Train on Ganett Island</i>	How long
Immediate	<i>B + O. R.R.</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		<i>M. S. Lawley</i>
		Address
		<i>Howard Brattle N.C.</i>
Accident or Suicide?		
<i>Accident</i>		



Name  
in  
Full

Miss Margaret Port

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> West Nottingham <sup>County</sup> Cecil

MARYLAND

Date of death 1903 <sup>Month</sup> Dec <sup>Day</sup> 26 <sup>Years</sup> Age 84 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Md<sup>Occupation</sup> Housekeeper <sup>Where Residing if not at place of death</sup><sup>Married, Single or Widowed</sup> Single <sup>Name or Wife or Husband</sup><sup>Father's Name</sup> ~~John - Known~~<sup>Father's Birthplace</sup><sup>Mother's Maiden Name</sup> ~~John - Known~~<sup>Mother's Birthplace</sup><sup>Name of person giving information</sup> Mrs Wicks<sup>How related to deceased</sup> nurse

## CAUSES OF DEATH

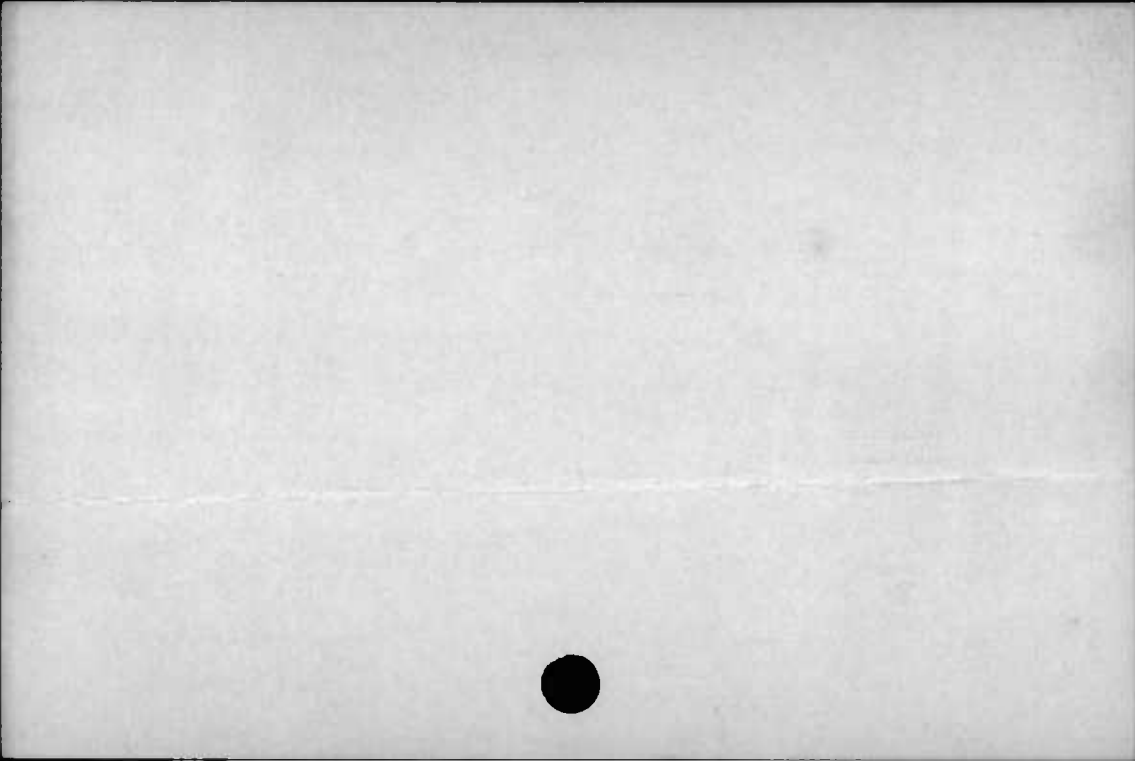
<sup>Primary</sup> ~~Artificial asphyxiation~~  
Infirmitie due old age<sup>How long</sup> Some years<sup>Immediate</sup> Heart Failure<sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

<sup>Signature of Physician</sup><sup>Address</sup>

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Edward S Preston

## CERTIFICATE OF DEATH

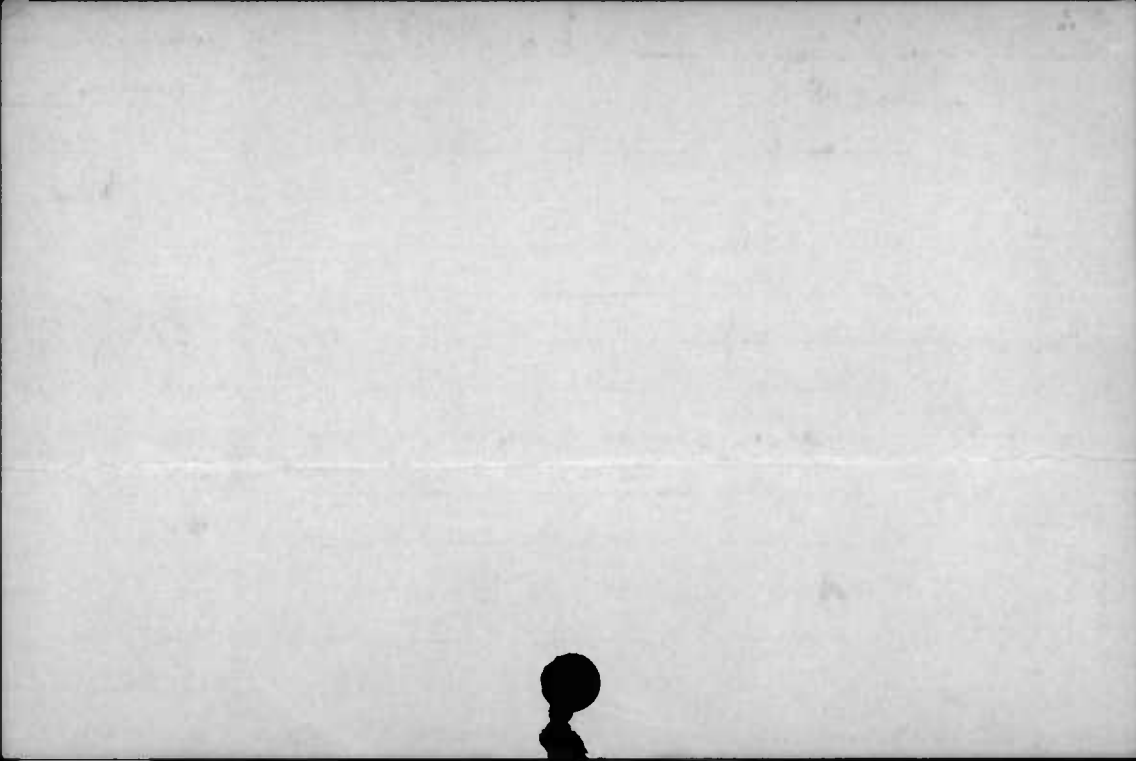
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		Dec	30	Age 29	4	8	
Sex		Color or Race		Birth-place			
Male		white		Calora			
Occupation				Where Residing if not at place of death			
laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Isaac Preston		Frankfort Pa					
Mother's Maiden Name		Mother's Birthplace					
Helena Woodrow		Bucil Co Md					
Name of person giving information		How related to deceased					
Edith Preston		sister					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Acute Lobar Pneumonia		16 days	
Immediate		How long	
Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ernest Rowland	
		Address	
		Liberty Grove	
Accident or Suicide?			



Name  
in  
Full

*Mary Josephine Price*

CERTIFICATE OF DEATH

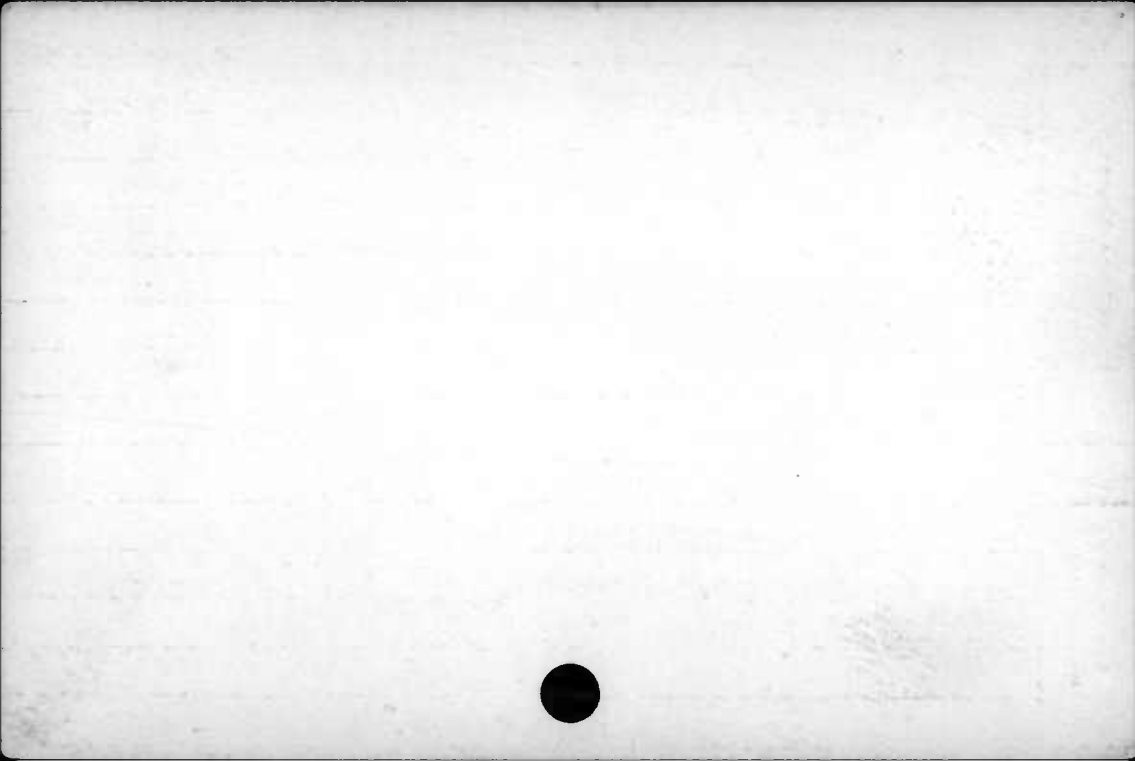
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town <i>Port Deposit</i>		County <i>Levitt</i>		MARYLAND	
Date of death 190	Month <i>Dec</i>	Day <i>2</i>	Age	Years	Months <i>1</i>	Days <i>29</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Port Deposit</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband <i>John H. Price</i>							
Father's Name <i>John H. Price</i>				Father's Birthplace <i>Port Deposit</i>			
Mother's Maiden Name <i>Oda M. Price</i>				Mother's Birthplace <i>Good Laron</i>			
Name of person giving information <i>John H. Price</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stomach troubles</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. G. Fisher</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Thomas Price.

## CERTIFICATE OF DEATH

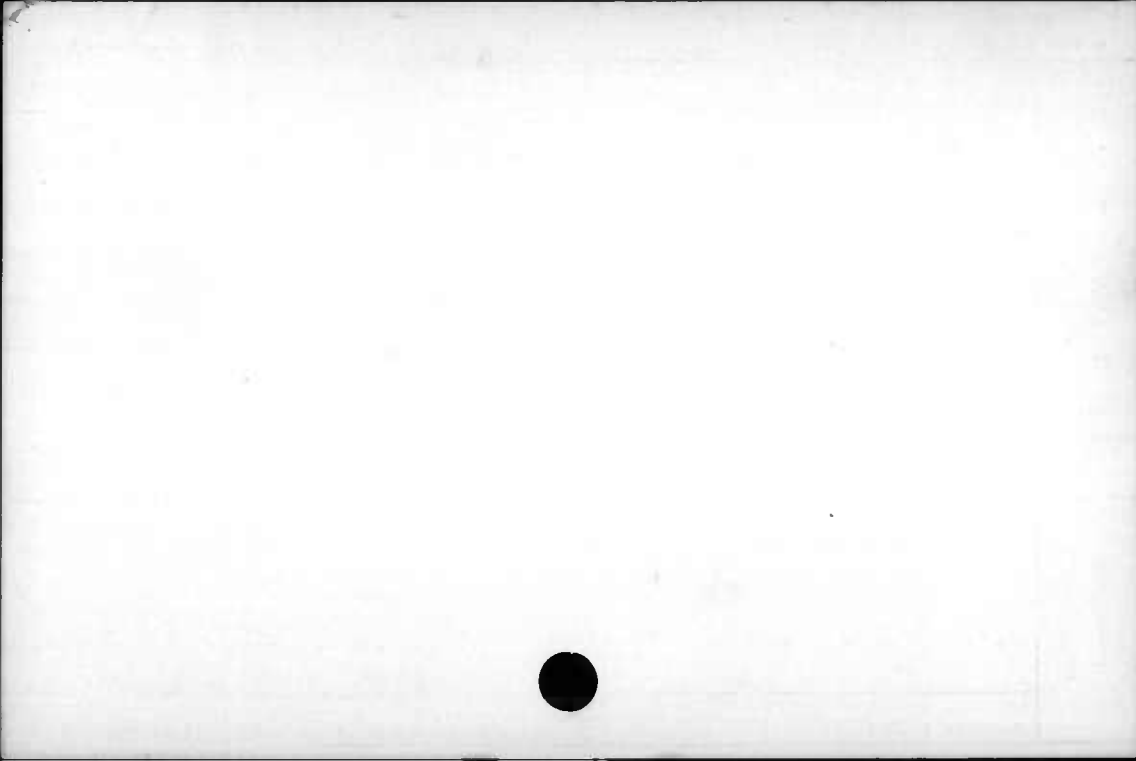
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>23<sup>d</sup></i>	Age <i>61</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Had none</i>		
Name of Wife or Husband					
Father's Name <i>Mr. R. Price</i>			Father's Birthplace <i>123</i>		
Mother's Maiden Name <i>Mary A. Lum</i>			Mother's Birthplace		
Name of person giving information <i>Dr. J. V. Wallace</i>			How related to deceased <i>Mother in law</i>		

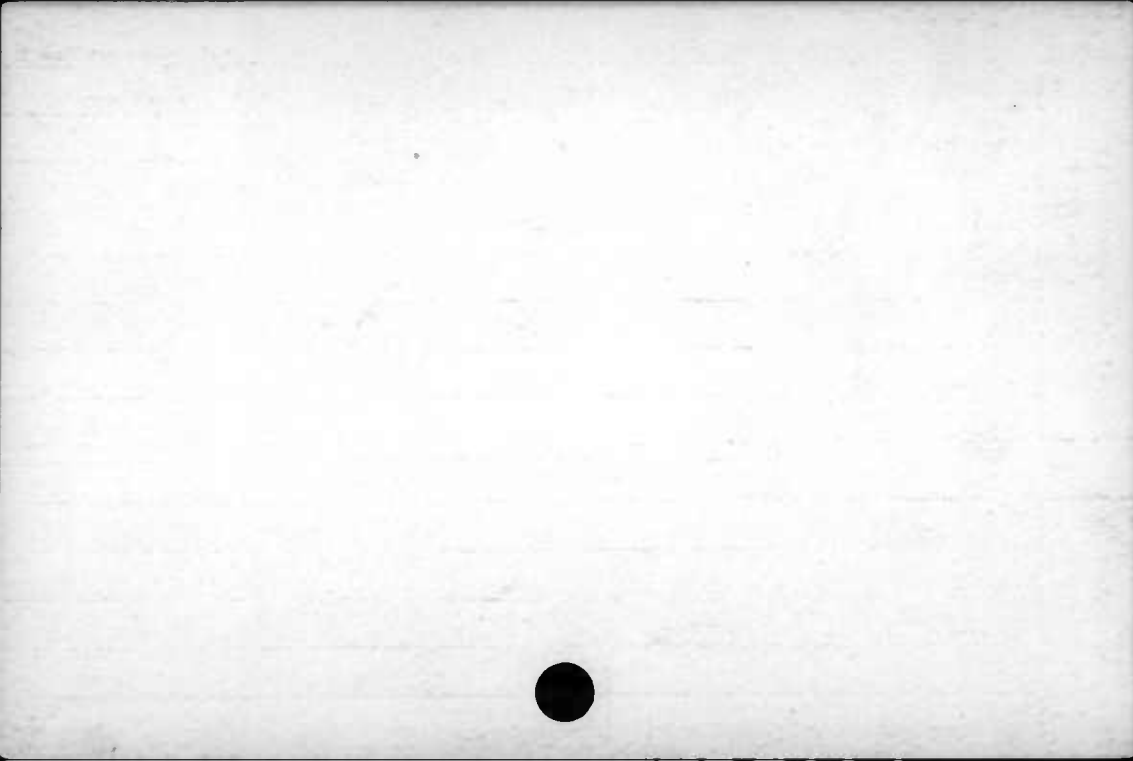
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>An Epileptic for 25 or 30 yrs.</i>	How long
Immediate <i>Cystitis, and Renal trouble for some months</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. J. V. Wallace</i>
	Address <i>Chesapeake City Md.</i>
Accident or Suicide?	



Name in Full		Laura Schmitt				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Rt		Seaford		Cecil		
		Date of death		1903	Month	Sex	Day	Years
		7		15		months		
		Age		15		months		
		Sex		Female		Color or Race		White
		Birth-place		Rt Seaford		Occupation		
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		Philip Schmitt		Father's Birthplace		Cecil		
Mother's Maiden Name		Laura V. Ahlgr.		Mother's Birthplace		Cecil		
Name of person giving information		Se.		How related to deceased		brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Compression of Brain				15 minutes		
		Immediate				How long		
		Same						
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. E. Clumson		
				Address		Rt Seaford		
Accident or Suicide?								





Name in Full		James Sewall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cecilton		County Cecil		MARYLAND
	Date of death 1903	Month 12	Day 17	Age	Years 26	Months	Days
	Sex male		Color or Race negro		Birth- place Cecil County		
	Married, Single <del>or Widowed</del>			Occupation Laborer			
	Name of Wife or Husband						
	Father's Name Christopher Hall				Father's Birthplace Cecil County		
	Mother's Maiden Name Rebecca Sewall				Mother's Birthplace ..		
Name of person giving In formation Wesley Turner				How related to deceased None			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Phthisis Pulmonalis				How long Three months		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>think so</i>				Signature of Physician E. W. Crawford		
					Address Cecilton Md		
Accident or Suicide?							



Name  
in  
Full

Charles Roberson Simpkins

## CERTIFICATE OF DEATH

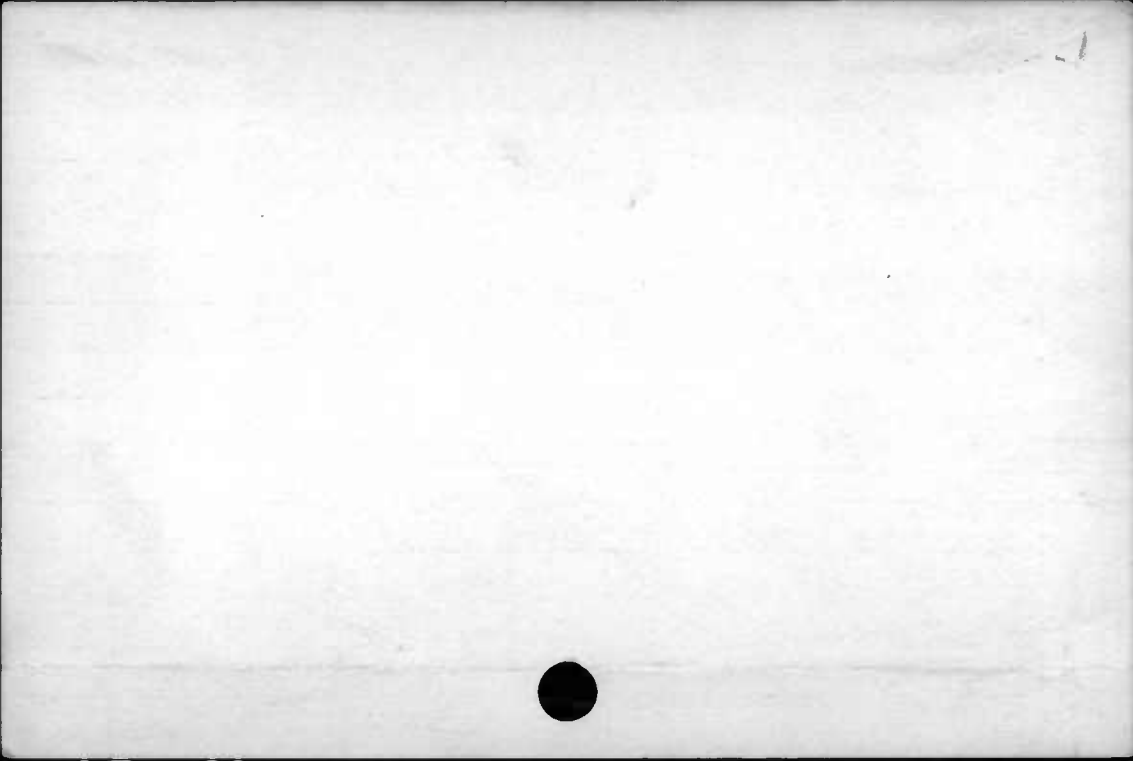
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>North East</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190	3	Month	Dec	Day	21	Years	24
Sex		male		Color or Race		white	
Married, Single or Widowed		Single		Occupation		Livery	
Name of Wife or Husband							
Father's Name				Charles, W. Simpkins			
Mother's Maiden Name				Catherine Roberson			
Name of person giving information				H. E. Simpkins			
Father's Birthplace				Union, Cecil Co.			
Mother's Birthplace				Delaware			
How related to deceased				Uncle			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Wm. D. Cawley</i>	
		Address	
		<i>Elkton</i>	
Accident or Suicide?		<i>md.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Frederick A Stebbings

Town

Port Deposit

County

Cecil

MARYLAND

Date

of death 1903

Month

Dec

Day

1

Years

Age 68

Months

9

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Cecil Co

Married, Single  
or Widowed

Married

Occupation

Shoe maker

Name of Wife or  
Husband

Mary S Stebbings

Father's  
Name

Geo H Stebbings

Father's  
Birthplace

England

Mother's  
Maiden Name

Elizabeth Grant

Mother's  
Birthplace

—

Name of person giving  
In formation

Harvey Stebbings

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Bright Leucemia

How long

6 mo

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

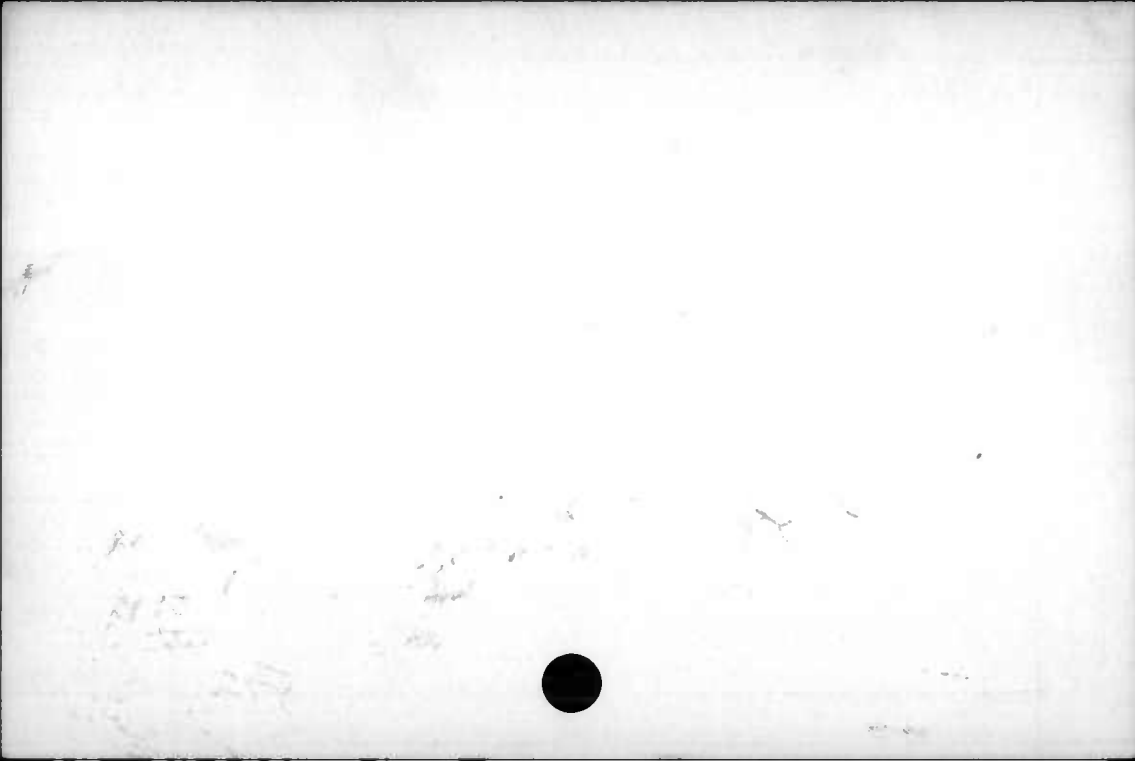
J E Chumley

Address

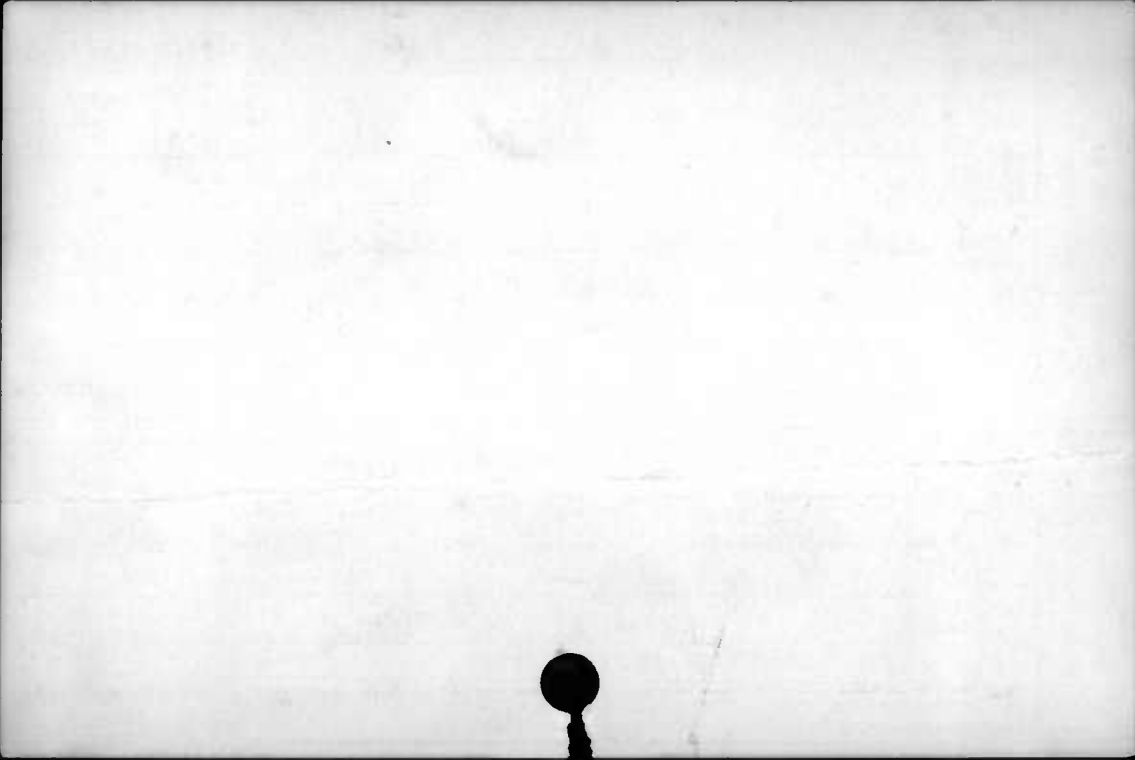
Port Deposit

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Hester Thompson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town New Church		County Cecil		MARYLAND
	Date of death 190	3	Month Dec	Day 9th	Years 90	Months	Days
	Sex	female		Color or Race	white		Birth-place Md
	Married, Single or Widowed	Widowed			Occupation		
	Name of wife or Husband	Edward J Thompson					
	Father's Name	Harlan			Father's Birthplace	Md	
	Mother's Maiden Name	Nancy Taylor			Mother's Birthplace	Md	
Name of person giving information	George Thompson			How related to deceased	Son		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				Acute Lobar Pneumonia		
	Immediate				Exhaustion		
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				Ernest Rauland		
	Address				Liberty Grove Md		
Accident or Suicide?							





Name in Full

Certificate of Death

Daniel Thornton

Died at *Harwick* TownCounty *Lucile*

MARYLAND

Date *1903* 189 *Dec* Month *25* Day *6* Y. *6* M. *6* D. *Mid* Native of *Mid* Occupation *---*  
 Male *White* ~~Married~~ *Widow* ~~Divorced~~  
~~Female~~ *Colored* *Single* ~~Widower~~ *Number of children living*

Husband of

Wife

Father's Name *David Thornton*Mother's Name *Sadie Thornton*

Cause of *Diphtheria*  
 Death *Croup*

How long sick

*4 days*

Accident, Suicide, Homicide

Reported by

Address

*J J Wright MD*  
*Harwick Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hallie A. Thornton

Died at <sup>Town</sup> *Hannock* <sup>County</sup> *Cecil* MARYLAND

Date *1903* <sup>Month</sup> *Dec* <sup>Day</sup> *24* <sup>Y.</sup> *1* <sup>M.</sup> *11* <sup>D.</sup> *0* <sup>Native of</sup> *Ind* <sup>Occupation</sup> \_\_\_\_\_  
 Age \_\_\_\_\_  
 Male \_\_\_\_\_ White \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_  
 Female \_\_\_\_\_ Colored \_\_\_\_\_ Single \_\_\_\_\_ Widower \_\_\_\_\_ Number of children living \_\_\_\_\_

Husband  
of  
WifeFather's Name *David Thornton*Mother's Name *Sadie Thornton*

Cause of Death { Primary *Diphtheria*  
 Immediate *Croup*

How long sick  
*4 days*

Accident, Suicide, Homicide

Reported by

Address

*Hannock Md**J. J. Wright MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Mary Ann Tosh

## CERTIFICATE OF DEATH

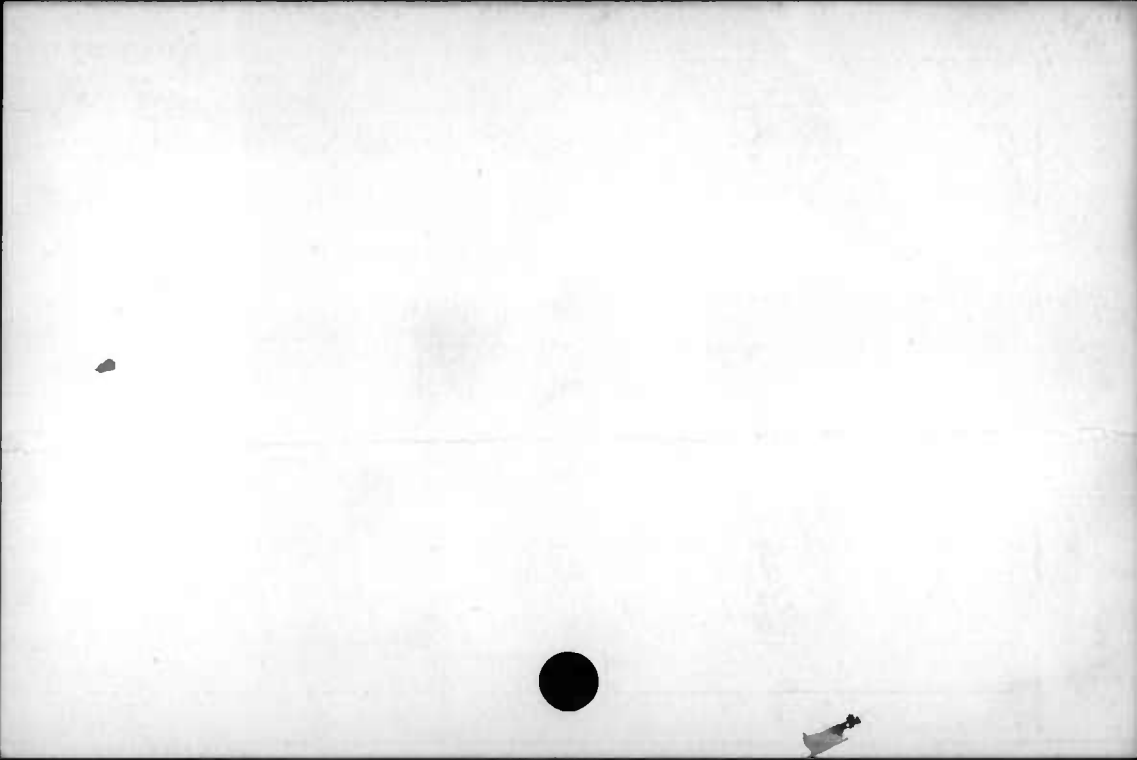
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Colona</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>12</u>	Day <u>12</u>	Age <u>72</u>	Months <u>8</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
<del>Married Single</del> <del>Widowed</del>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Joseph N. Tosh</u>					
Father's Name <u>John M. Cullough</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth M. Day</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Arthur M. Tosh</u>			How related to deceased <u>Son</u>		

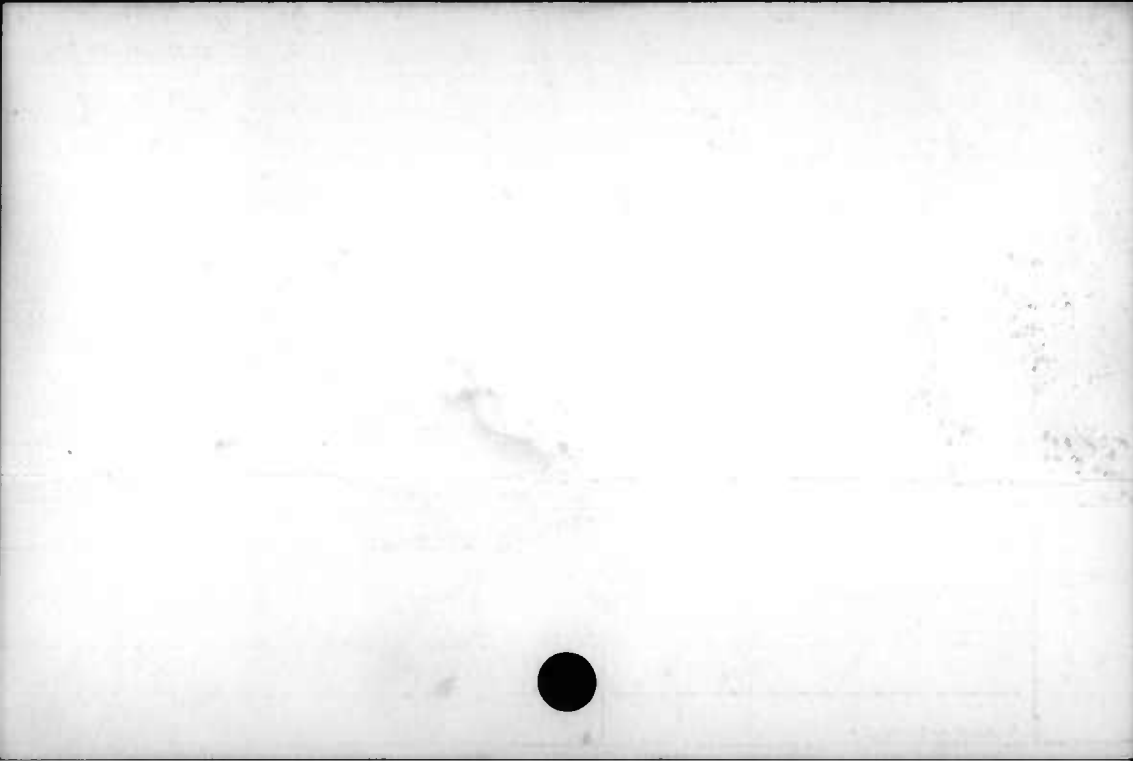
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Asthma &amp; General debility</u>	How long <u>10 or 12 yrs</u>
Immediate <u>Sudden Heart Failure</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John H. Jeness M.D.</u>
	Address <u>Rising Sun, Md.</u>
Accident or Suicide? <u>No</u>	



Name in Full		George Curtis Kilgus				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pilot- Town		Becil County		MARYLAND		
	Date of death 1903	Month	Day	Age	Years	Months	Days	
		Dec	12				16	
	Sex	male		Color or Race	White		Birth-place	Pilot- Md
	Married, Single or Widowed	_____			Occupation			_____
	Name of Wife or Husband							_____
	Father's Name	John & Eddie Kilgus			151			
Mother's Maiden Name	Margaret Grace Rea			Father's Birthplace 8th dist Cecil Co				
Name of person giving information	Mrs Mary E. Rea			Mother's Birthplace 8th dist Cecil Co				
			How related to deceased					Grandmother
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Aelectasis				How long	from birth	
	Immediate	Same with Aelectasis				How long		
	Are the name, age, sex, color, data and place correctly given above?		yes		Signature of Physician			
					Address			
					Pleasant Grove Pa			
Accident or Suicide?								





Name  
in  
Full

Maggie Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Earleville</i> <small>Town</small>			<i>Cerie</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>12</i>	Day <i>27</i>	Age <i>35</i>	Years <i>4</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Philip Wilson</i>						
Father's Name <i>Robert Brooks</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Eddie Boyer</i>			Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Jno Edwards</i>			How related to deceased <i>not related</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Child birth</i>	How long
Immediate <i>Pulmonary Oedema</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. M. Black</i>
	Address <i>Cerie Town, Md.</i>
Accident or Suicide?	

